



# **Challenge TB - Malawi**

## **Year 2**

### **Quarterly Monitoring Report**

### **January-March 2016**

**Submission date: April 29, 2016**

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*Cover photo: Delegates to the National TB Research Network meeting at Golden Peacock Hotel, Lilongwe in February 2016. (Credit: Chifundo Chomanika, CTB M&E Advisor)*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

### **Disclaimer**

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## 1. Quarterly Overview

Country	Malawi
Lead Partner	KNCV
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	January - March 2016

### Most significant achievements:

**Coordination meeting between NTP and CTB:** NTP and CTB participated in a work plan coordination meeting from March 7-8, 2016 and reviewed the CTB APA2 work plan. During this meeting, all activities outlined in the APA2 work plan were discussed in detail regarding the progress made to date and what can be prioritized. The NTP and CTB were able to prioritize activities, planned to implement them with key timelines agreed upon, and reprogrammed some activities that were approved within a short time. Key activities include hosting by CTB of another national review meeting in August 2016, capacity building in TB management of all district and facility based health care workers providing TB services through training and on-site mentorship. The NTP Program Director and CTB Country Director signed off the minutes of this meeting that were shared with NTP and CTB staff members.

**Bi-annual TB Review Meeting:** This quarter, the NTP received support from CTB to conduct a national program review meeting. NTP had not conducted any Bi-annual national program review meeting for over a year. The NTP Program Director led the discussions and the NTP provided updates on key issues including the Global Fund activities, laboratory and drug management. CTB made a presentation on the project's support to date and participated in the planning session that was done by each zone. In attendance were NTP, CTB, USAID mission in Malawi and Action Aid representatives.

**TB Research Network meeting:** Malawi was privileged to host a national TB research network meeting this quarter with participation by renowned local and international TB implementing and research partners, including Wellcome Trust, the Liverpool School of Medicine and the London School of Hygiene and Tropical Medicine - Karonga Prevention Study. CTB supported the research meeting through reviewing of abstracts and presentations, development of meeting program, participation in facilitation of logistics and group discussions, printing of booklets which contained the various abstracts, and payment for the venue costs and travel for some NTP staff who travelled from outside Lilongwe. CTB also became a member of the Malawi Research Network Association that will be led by Professor Liz Corbett and Mr. Andrew Dimba.

**Baseline Assessments:** CTB in collaboration with NTP conducted 3 assessments this quarter including: 1. One assessment focused on the GeneXpert platform 2. An assessment of all 15 CTB-supported priority districts, selected health facilities and private providers 3. An assessment on TB services amongst children. The assessments were conducted jointly with NTP and there was good coordination.

- Key findings of the national GeneXpert assessment was the availability of 44 Xpert machines in the country, lack of a national GeneXpert implementation plan and low utilization of the technology. The low utilization of the GeneXpert technology is mainly due to lack of sensitization among health care workers as well as weak sample transportation systems within some districts. The other findings included poor infrastructure in some of the visited sites as well as poor maintenance of the GeneXpert machines including lack of calibration and warranties. The baseline assessment revealed important information. The results of the assessment were put into an action plan that stimulated budget reallocation in order to address some of the critical gaps identified. Most importantly, mass trainings on GeneXpert of health care workers are planned in order to improve the utilization of the technology. Infrastructure improvement, equipment maintenance including calibration has also been prioritized. In addition, the subcommittee of the National Diagnostic Technical Working Group will also drive the process of developing a national GeneXpert implementation plan. The Diagnostics Network Advisor in collaboration with the NRL manager will on regular basis monitor the completion of action items.
- Key findings of the baseline assessment of 15 priority districts were that more than 90% of the Community Sputum Collection Points that have been established are non-functional, unavailability of TB/HIV committees, lack of Infection Prevention Control Plans (IPC), poor documentation of the registers in some sites and the use of old version registers for collecting data. Major strengths identified are good management of expired drugs and good practice of TB/HIV integration in the facilities. Next steps are to coordinate with Action Aid to revamp the

CSCPs, to provide support in the formation of TB/HIV committees, to orient staff in the facilities on the documentation of registers and to strengthen the practice of TB/HIV integration.

- Dr Christine Whalen, KNCV Technical Consultant also conducted an assessment on the TB services amongst children through a Childhood Benchmarking workshop held in Lilongwe in February 2016. Presentations were made by Mr. Isaias Dambe, NTP, Mr. Ishmael Nyasulu- WHO and partners including Baylor and DIGNITAS International. There were twenty-one participants including a representative from UNICEF and PEPFAR partners. The Benchmarking tool had 25 standards used to evaluate the country's status on key services for childhood TB that include technical strategies, availability of a coordination mechanism and involvement of key stakeholders, availability of diagnostic algorithms of both susceptible and drug resistant TB, use of WHO recommended treatment regimens and inclusion of children in contact investigation guidelines. The country scored 4/20 for standards that were met, and 16/20 for partially met standards. Recommendations were made during the workshop for the NTP to constitute a childhood committee that will provide coordination and technical oversight for the implementation of the services that need to be addressed including guidance on MDR-TB management in children, update training materials and job aids, include dedicated funding to childhood OR (10-20%) and train public, private sectors and engage schools in teaching on childhood TB and establishment of a technical task force or Technical Committee.

**Renovation of National TB Reference Laboratory:** has been non-functional since September 2015, hence samples were being sent to Mzuzu Laboratory. CTB supported the NTP through renovating the NRL and the work is expected to be finalized early in quarter 3. In the meantime, to avoid interruption of these important laboratory services, CTB has been supporting NTP by sending staff to Mzuzu laboratory both to process the culture samples as well as to provide mentorship to the Mzuzu laboratory personnel. Rehabilitation of the media preparation room, staining room and main culture laboratory has been completed. Installation of air-conditioning units and UPS for biosafety cabinets as well as repair to the generator have also been completed. The renovation works will enable the NTRL to have suitable infrastructure meeting the minimum requirements for a TB Reference Laboratory. The time-sensitive renovations are also part of preparatory activities for the upcoming national drug resistance survey, which is scheduled to start in June 2016. The ongoing work was also assessed by consultants Charles Manyonge from Uganda, Zacharia Mabena from South Africa and Dr Stephen Muleshe from ECSA-HC. Some of their main recommendations were training of lab personnel on LJ DST by the SNRL Uganda before commencing the DRS. Please see the report for further recommendations.

#### **Technical/administrative challenges and actions to overcome them:**

**Human Resource:** There is a shortage of staff in the CTB Country Office and this has resulted in delaying the implementation of activities. There is a proposed plan to recruit additional staff in order to make progress with the activities. The proposed staff are 2 Zonal TB Advisors, 2 Program Officers, a Human Resource Officer, a Laboratory Technician and Finance and Administration Assistant.

**Patient Centered Approach activities:** Following consultations with NTP and USAID mission in Malawi, it was jointly decided that PCA (activities 1.22-1.43) will not be implemented during the current year but will be postponed to APA3. This decision was made because the consultant dates were not in alignment with the NTP dates and the numerous activities required to be implemented under the GF project, thus not being able to avail sufficient staff to this activity. All the other PCA activities were dependent on this STTA. However the money was reprogrammed into other activities. Of the total budget allocated to PCA activities, 92% is from PEPFAR.

**Major delays in completing milestones:** As shown in table below, there have been some delays in completing milestones, mainly due to the timing of the recruitment of country-based staff, which only joined at the start of APA2. This resulted in the delayed start of activities, which really began to gain momentum in January 2016. Taking this into consideration, CTB has still managed to accomplish a considerable proportion of milestones (met 29% and partially met 44%).

**Summary milestone data as of March 2016**

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <b><u>met</u></b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b><u>partially met</u></b> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <b><u>not met</u></b> by Q2 (cumulative for Oct 15 - Mar 16)	
N	#	%	#	%	#	%
70	20	29%	31	44%	19	27%

## 2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Conduct an assessment of available services and infrastructure in 3 zonal offices using a standardized checklist.	1.1.1	Tools developed	Zonal Assessment Reports			CTB/KNCV has developed a checklist for assessing the 3 zones	Partially met	Zonal TB Advisers were recruited and deployed to their respective zones after a period of introduction to KNCV and CTB project in January 2016. They have been involved in a number of activities including activity 1.1.2 hence the assessment is planned for April 2016.
PEPFAR: Conduct an assessment of all the CTB 15 priority districts and selected health facilities and private providers	1.1.2		Assessment Report			The assessments were conducted in all the 15 CTB districts from early February to the last week of March. These assessments were conducted in collaboration with NTP: NTP M&E Officer, NTP Zonal supervisors, NTP District Officers ,CTB M&E Adviser and CTB Zonal TB Advisers.	Partially met	A comprehensive report will be provided in quarter 3.
PEPFAR: Support and participate in the joint quarterly TB/HIV supervision	1.1.3	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	HIV/TB quarterly report	CTB/KNCV participated in the following: <ul style="list-style-type: none"> <li>The USAID Mission in Malawi Activity Manager organized a briefing with CTB/KNCV to discuss CTB/KNCV's participation in the</li> </ul>	Partially met	For Jan-Mar quarter, supervision took place in April and report will be available in May.

						<p>joint quarterly supervision visits</p> <ul style="list-style-type: none"> <li>• CTB attended a preparatory meeting with all PEPFAR IPs, including instructions on usage of two databases: DATIM and Scratch Pad.</li> <li>• The M&amp;E Adviser participated in the joint supervision in January 2016 after attending a pre-supervision meeting with all TB and HIV supervisors from NTP and other partners. She participated in visits to the South West Zone and a report is available.</li> <li>• The next supervision visits are scheduled to commence first week of April 2016</li> </ul>		
Support the organization of bi-annual TB review meetings at central level	1.1.4		Meeting report		Meeting report	<p>Over the course of February 2016, CTB/KNCV coordinated with the NTP in planning for the bi-annual review meeting.</p> <p>CTB/KNCV supported the NTP with the organization of the Bi-annual TB Review meeting that was held from March 4-5, 2016. The meeting was held at Linde Motel in Mponela. In attendance were 72 people from central, zonal, district and health facility levels. The review meeting also</p>	Met	The next review meeting has been planned for August 2016 and will be supported by CTB through reprogrammed funding.

						<p>included representatives from USAID mission in Malawi and Action Aid (GF PR).</p> <p>Agenda for the meeting revolved around evaluating the performance of NTP indicators in the areas of case finding, treatment success rate, MDR TB and TB/HIV integration. Main findings were that there are poor systems for monitoring MDR TB, there is need to revamp the non-functional community sputum collection points. It was also observed that there is improved treatment success rate.</p>		
Support the organization of quarterly TB review meetings at zonal level	1.1.5	Meeting report	Meeting report	Meeting report	Meeting report		N/A	Global Fund will support zonal level quarterly review meetings hence CTB funds will be reprogrammed to district level interventions such as facility trainings and mentorship.
Support the NTP to define and review the existing mentorship tools to include TB	1.1.6	Workshop report and finalized tools				The workshop to review and define the existing tools was organized from March 14-17 at Golden Peacock in Lilongwe together with the NTP and the Ministry of Health.	Partially met	The tools will be finalized in April 2016.
Support the update of the PPM Guideline and the supervisory tool to prepare for	1.1.7		Workshop report and finalized guidelines				Not met	Both NTP and CTB had too many activities to conduct in the quarter. Following discussions between NTP



GF supported activities (GF BL 146 / 603)								and CTB, they jointly planned to conduct this workshop in Q3.
Support development of Community Health Worker's (CHW) Guidelines and training curriculum	1.1.8	Draft guidelines	Pilot undertaken	Finalized guidelines		From December 2015 through March 2016, CTB has held discussions with Action Aid and NTP on how to ensure that CTB organized community based activities are coordinated and complementary to the community based activities that Action Aid is undertaking for the GF.  Review of guideline was conducted from February 29 to March 2, 2016.	Partially met	The CTB Technical Coordinator and the NTP Care and Treatment Officer initiated agreements on the dates for the review of the guidelines and training curriculum that will be done in May 2016. CTB also hired a Community Strengthening Adviser in March 2016. He will take a leading role in facilitating the process of updating the training curriculum and piloting in 3 districts in consultation with NTP.
PEPFAR: Support the organization of Quarterly TB review meetings at District level	1.1.9			Meeting report	Meeting report		N/A	Planned for Q3
PEPFAR: Basic TB training for Health Assistants (HAs) in all the 15 priority districts	1.1.9			Training report	Training report		N/A	Planned for Q3
PEPFAR: Training of District level MDR committees	1.1.10			Training report			N/A	Planned for Q3
PEPFAR: TB/HIV training for Nurses and Clinicians	1.1.11			Training report			N/A	Planned for Q3
PEPFAR: Mapping, assessing and engaging existing CBOs/CSOs/NGOs in the 15 CTB priority in collaborative TB/HIV activities.	1.2.1	i. List available. ii. Contract awarded to umbrella CSO iii.	i. recommendation on Standardized tools iii. training and advocacy	Training report	Training report	CTB had a preparatory meeting with Action Aid to discuss their engagement with CBOs/CSOs/NGOs with regard to TB/HIV activities.	Partially met	Once the subcontract has been reviewed by Headquarters, it will be advertised in the national newspapers and by internet in April 2016 and the timing of the training is

		workshop report	package developed iv. Training plan developed and initiated			A Sub-contract was developed in March 2016 after discussions with NTP. The sub-contract is being finalized with Action Aid and will be submitted to HQ review.		anticipated for June/July 2016.
PEPFAR: Review and establish linkages between NTP and PEPFAR partners to support PCA	1.2.2	Meeting report with recommendations	Meeting report with recommendations			Planned for APA 3	N/A	PCA activities have been moved to APA 3 after consultations with the USAID Mission in Malawi and NTP. This decision was made because the consultant dates were not in alignment with the NTP dates. All the other PCA activities were dependent on the consultant's STTA.
PEPFAR: Develop and implement operational plans for PCA	1.2.3		Workshop report with plan	Workshop report with plan	Workshop report with plan		N/A	Planned for APA 3
PEPFAR: Conduct a situational analysis with the HIV program and other technical partners on access (FOCUS GROUPS) and perceptions of quality of care from a patient perspective (QUOTE)	1.3.1		i. Contract awarded, ii. training report iii. Study report iv. training report on Quote Lite	i. dissemination workshop report			N/A	Planned for APA 3
Orient the District Health Office on PCA and support the establishment of SOPs in order to foster engagement of CBOs and existing community structures (e.g.	1.3.2	i. training report and plan	i. training report and plan	i. training report and plan	i. training report and plan		N/A	Planned for APA 3

VHCs, traditional healers)								
Active engagement of CBOs in comprehensive PCA activities - e.g. awareness creation, stigma reduction, infection prevention – targeting informal health care providers and communities	1.3.3	i. subcontract awarded	i. TOT reports ii monitoring reports	i. TOT reports ii. Monitoring reports	i. TOT reports ii. Monitoring reports		N/A	Planned for APA 3
Engagement of existing community structures by the DTOs on PCA	1.3.4		orientation reports	orientation reports	orientation reports		N/A	Planned for APA 3
Review, standardize and select available IEC materials for community and household members	1.3.5			Prototype IEC materials			N/A	Planned for APA 3
Establish a baseline of tools - including those developed under TB Care II - to enhance and standardize PCA among PEPFAR partners	1.4.1			Available tools are identified and adopted by partners			N/A	Planned for APA 3
Patient Centered Approach workshop to define PCA in the Malawian context at the central level	1.4.2	i. Workshop Report ii materials printed					N/A	Planned for APA 3
Patient Centered Approach orientation workshop at the zonal level	1.4.3	Orientation workshop report	Orientation workshop report				N/A	Planned for APA 3
Conduct assessment of the Community Sputum Smear collection point	1.4.4		Competition and award finalized	Study finalized report prepared		An overview of the status of CSCPs was conducted by Dr. Eveline Klinkenberg during an STTA in	Partially met	Dr. Klinkenberg provided a summary mission report from her assessment and drafted TORs with

strategic (CSCPs) approach						February 2016. She made visits with CTB/KNCV staff members to Bwaila hospital in Lilongwe and an NGO (Paradiso). She also made a visit to Kasungu district hospital, three health facilities in the district and one health post and the CSCPs were not all fully functional.		CTB/KNCV following this preliminary assessment for a full evaluation of the CSCPs with the NTP and Action Aid. The GF through Action Aid plans to provide support towards the full establishment of functional CSCPs. The TORs have been reviewed with Action Aid in March 2016 and will also be reviewed by HQ before advertisement in April 2016.
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Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
PEPFAR: Conduct an assessment of the current status and TB Lab network and capacity of the , zonal and district laboratory staff in leading and implementing the scale-up of a comprehensive quality assurance program, and formulate a development trajectory strategy for the next 5 years of CTB. Plan for and implement expansion for quality assured TB, MDR TB Diagnostic Services. Support national TB lab	2.1.1	Assessment completed and report available	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	Expansion of registration sites including microscopy labs	KNCV's Lab Consultant Dr. Valentina Anisimova and external consultant Anton Bussink conducted a laboratory assessment from 17 October 2015 until 1 November 2015. They were accompanied by 2 NTP/ NTRL staff and assessed the reference lab and some 25 sites.  Findings were discussed with the NTP and a Summary Mission Report shared immediately after the	Partially met	Discussions on identifying sentinel surveillance for MDR TB are ongoing with NTP. The surveillance will be effected as the DRS is done in 2016.

technical working group. Support Sentinel surveillance for MDR TB						<p>Mission with a PowerPoint presentation. The detailed report was submitted to the country team in February 2016; this was late due to a protracted illness and absence by the main writer.</p> <p>Recommendations were provided regarding infrastructure, biosafety, supply management, equipment maintenance, sample collection, regulatory documentation, data management and quality assurance and these are being acted upon i.e. rehabilitation of the NRL is currently in progress and expected to be completed by April 2016./</p> <p>Discussion with NTP, head of Public Health Laboratories (CHSU) and MOH focal point for diagnostics gave a green light to establish a subcommittee within the existing National Diagnostics Technical Working Group and CTB will sponsor these</p>		
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						meetings and the first one is scheduled for April 2016.		
PEPFAR: Improve supervisory and mentoring of lab personnel	2.1.2		Development of supervisory and mentoring tools	Supervision/ Mentoring report	Supervision / Mentoring report	<p>CTB Diagnostic Adviser discussed with NRL manager who communicated with the Zonal lab supervisors to come up with supervision and mentorship schedules</p> <p>Draft supervision and mentorship tools were developed during this quarter. The supervisions will commence in Q3 and reports will be availed</p>	Partially met	An EQA meeting with zonal laboratory supervisors to orient and plan on the zonal level supervisions and mentorship had been planned for last week of March 2016 but this did not happen as a result of a competing activity at the same scheduled time (visit from South Africa and Uganda SNRLs). This activity will be conducted in April 2016.
PEPFAR: Improve clinical diagnosis of smear-negative pediatric and extra-pulmonary TB in all CTB districts to include ART clinical officers.	2.1.3		i. Training curriculum completed ii. Training plan included	Training report	Training report		Not met	This activity was not conducted during the quarter due to ongoing discussions with NTP on how best to carry out the activity mainly with the involvement of specialist radiologists. Following the discussions, NTP advisor, Dr. Daniel Nyangulu, was tasked to identify radiologists and medical specialists that can be used in the training hence this activity will be carried out in Q3. The will also be involved in the training to ensure that the utility of culture, Xpert and LAM urine test for smear negative/extra-pulmonary TB is emphasized.

PEPFAR: Expand mentorship program to include quality diagnosis of smear-negative and extra-pulmonary TB	2.1.4		i. report on mentorship review ii. Job aids printed iii. Job training curriculum completed	i. TOT plan and initiated ii. Report on training			Not met	Discussion with NTP has been done and the activity will be carried out after trainings (activity 2.1.3). Clinical mentors will be identified in due course.
PEPFAR: Support expansion of registration sites	2.1.5	i. Mapping report and site selection, procurement done	5 Site assessments	5 Site assessments	5 Site assessments	During the Xpert assessment visit, district TB officers in almost all visited districts indicated that there is need to strengthen some of the existing registration sites before expansion to new ones. CTB Zonal Advisers in coordination with NTP zonal supervisors mapped the sites and a list is available. CTB will present the list comprising 15 sites to NTP for approval.	Partially met	Site assessments will be conducted in April 2016 and bills of quantities will be developed to support renovations at the identified sites.
PEPFAR: Supervision of AFB microscopy sites in CTB priority districts	2.1.6			District level Supervision report  AFB microscopy training report	District level Supervision report		N/A	Planned for Q3 and Q4
PEPFAR: Strengthen a comprehensive quality assurance program (for example QMS) for TB	2.2.1			Workshop report		Discussion with NTRL manager is ongoing regarding this activity. A national planning	NA	Planned for Q3

microbiology services, including EQA (GF BL 52)						meeting has been scheduled for April 2016. NTRL and a few NTP staff will also attend each of the zonal EQA meetings planned for April and May 2016.		
PEPFAR: Conduct supervision by NRL	2.2.2		Supervision report	Supervision report	Supervision report	The 1st quarter supervision visits were conducted from 14 - 24 March 2016. Five teams, constituted of mainly staffs including CTB diagnostics Adviser visited 71 sites. The sites included central, district and CHAM hospitals. A standard checklist was used during the supervision visits. Testing data on microscopy and Xpert were also collected and analyzed. The supervision teams provided onsite support in addressing some of the identified gaps. In addition 20 slides per site were systematically and randomly selected from the lab register and picked from storage boxes for rechecking. EQA supervision report is available	Met	
PEPFAR: Reestablish the contract and contact with the SNRL	2.2.3	Contract established	NTP/NRL staff trained in SNRL			The contract is still valid and the National Institute of	Met	



					<p>Communicable Diseases (NICD) in Johannesburg provided support in year 1 of CTB</p> <p>In Q1, KNCV supported the training of three NTRL laboratory staff for a two weeks Culture and Identification Training at the African Centre for Integrated Laboratory Training (ACLIT) in South Africa.</p> <p>Uganda SNRL through East, Central and Southern Africa Health Community (ECSA-HC) visited the NTP NRL from 29 March - 01 April 2016. NICD and Uganda SNRL to work together in assisting the NTRL. MOU to be signed between ECSA-HC and ministry of health.</p> <p>The support from ECSA HC and Uganda S is part of a USD 6.1 Million regional TB project grant from the Global Fund. The project aims to facilitate strengthening the capacity of National Reference Laboratories in 18</p>		
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						countries in the Eastern & Southern Africa Region including Malawi to improve laboratory networking for TB & MDR-TB diagnosis. ECSA-Health Community is the Principal Recipient and the Uganda S the sub-recipient.		
PEPFAR: Support essential functions of NRL in implementing EQA	2.2.4		Meeting report				Not met	<p>This activity was postponed to Q3 as the dates were conflicting with the visit by Uganda and South Africa SNRLs.</p> <p>The meeting will comprise zonal lab supervisors and MOH and there will be an orientation regarding onsite supervision and mentorship, review of the EQA guidelines and other CTB supported activities such as zonal and district level supervisions. The activity will be facilitated by MOH, manager and CTB diagnostics advisor</p>
PEPFAR: Assisting the MOH and NTP in establishing the GLI accreditation approach by introducing the GLI standards and using the scoring system	2.2.5		Development of TB lab specific QMS assessment tool	Mentorship report	Mentorship report		Not met	CTB is currently renovating the NTRL and is expected to finalize this in Q3. Once the renovations are completed and the NTRL is fully functional, the GLI accreditation will be initiated.
PEPFAR: Training of NTRL staff on Drug Susceptibility Testing	2.2.6			Training report				ACILT, a training centre in South Africa, is currently closed. The established alternative is to send NRL and Mzuzu staff to Uganda

								SNRL for this training prior to commencement of the DRS
Support specific essential short-term activities in support of the operationalization of the already established culture laboratory in Mzuzu	2.3.1	Development of validation protocol	i. Supervision /Mentorship report ii. Validation report			<p>The verification protocol was developed and verification of the culture methods by the NTP started in November 2015 and was finalized in March 2016.</p> <p>From February-April 2016, NTRL staff are travelling to Mzuzu in teams of 2 and for a period of two weeks per team to provide supervision and mentorship to Mzuzu staff as well as process samples for culture and DST that are referred to NTRL since the NTRL is undergoing rehabilitations.</p> <p>The backup testing at Mzuzu TB laboratory has normalized the situation as health facilities complained that NTRL had not been providing culture &amp; DST results since 4<sup>th</sup> quarter of 2015.</p>	Partially met	Mentorship and validation reports will be developed next quarter
One day workshop for clinicians regarding the use of GeneXpert (focus on HIV so that the algorithm used does not	2.3.2			Zonal Workshop reports (5 zones)			NA	Planned for Q3

include microscopy as a first step.								
Service the MGIT machine	2.3.3		Procurement of MGIT supplies			Quantification has been done and the list of items has been submitted to HQ. Procurement is ongoing and delivery may be in early Q3.	Partially met	Ongoing, delivery expected at beginning of Q3
PEPFAR: Procurement for laboratory equipment	2.3.4		CRL Renovations completed			Renovation of the microscopy and staining rooms completed. Repairs and painting of main culture laboratory completed. UPS for biosafety cabinets installed. Generator fixed. Air conditioners installed in microscopy/staining rooms. Air Conditioner for main laboratory fixed. Additional requirements identified and to be carried out by May 2016.	Partially met	Due to unforeseen circumstances with the selected service provider, the maintenance of 3 biosafety cabinets was postponed to 2 <sup>nd</sup> week of April 2016. The other pending works include the replacement of a new cold room. The delay in having the cold room installed is due to the 3-4 weeks needed by the supplier to obtain a new cold room from outside the country
Provide STTA to the design of the third reference laboratory	2.3.5				TA report		NA	Planned for Q4
PEPFAR: Backup testing of samples from CRL at Mzuzu culture laboratory	2.3.6		NRL reports	NRL reports		As the NRL is undergoing renovations, backup testing of samples commenced mid-February. Samples are sent through AXA bus services in triple packaging. Two NRL staffs are based at Mzuzu TB lab. Bi-monthly reports are available	Met	

PEPFAR: International courier costs for PT panels on Drug Susceptibility Testing at CRL (prior to DRS)	2.3.7			Proficiency Testing report			N/A	Planned for Q3 but discussions are underway with Uganda SNRL and NICD South Africa
2.3.8 PEPFAR: Supply and installation of 25 LED microscopes in CTB priority districts	2.3.8			Procurement documentation Installation report			N/A	Planned for Q3
PEPFAR: Accreditation of the NTRL by external consultants	2.3.9			Assessment and certification report			N/A	Planned for Q3
PEPFAR: Assess the existing GeneXpert platforms in the 15 CTB priority districts, including warranty, calibration requirements and cartridge needs	2.4.1		Assessment report			The assessment was conducted from 18 January to 11 February 2016 for both CTB and non-CTB facilities hence a total of 35 facilities were assessed. This assessment was conducted jointly with NTR and CTB Diagnostic Advisor. An assessment report was shared with HQ in March 2016 and CTB/KNCV anticipates to share with NTP and USAID mission in Malawi in April 2016.	Met	
PEPFAR: Coordinate with all partners implementing GeneXpert	2.4.2	supervision report	supervision report	supervision report	supervision report	All Xpert sites in CTB & non CTB priority districts were supervised in March 2016.	Partially met	Reports will be made available in Q3.

PEPFAR: Placement and usage of 4 GeneXpert machines handed over to CTB	2.4.3		Assessment report ii. Installation report of 4 Xpert platforms			<p>The activity was carried out from March 8-12, 2016. 3 teams composed of NRL staff including CTB diagnostics advisor visited each of the proposed GeneXpert sites (Chitipa, Ntchisi and Dowa) and installed GeneXpert machines. During the visit each team conducted a pre-installation assessment with a checklist and then provided onsite training for lab technicians. The onsite training included both theoretical and practical sessions</p> <p>During GeneXpert assessment in activity 2.4.1, it was found that the laboratory in Ndirande health centre, Blantyre, which serves a high volume of clients had a fire hence the GeneXpert machine was damaged. CTB proposes to support the renovations of this laboratory and install the fourth GeneXpert machine at this facility.</p>	Partially met	The fourth GeneXpert machine will be installed at Ndirande Health Centre once renovations are completed. It is anticipated that this will happen towards end of Q3
PEPFAR: Procurement of cartridges as an emergency stock to complement the phase	2.4.4	Procurement documentation				First batch of 10,500 cartridges has been delivered. CTB paid tax upfront as the MOU is	Met	The cartridges will be distributed using the NTP system which is being improved to ensure that

out of TB Reach and start-up of GF						not yet available, so we cannot apply for tax exemption.		cartridges are readily available at the zonal levels.  Some of the cartridges will be used for the ACF and ICF project.  The other batch of 10,500 cartridges is expected to be delivered in August 2016
PEPFAR: Train and re-train laboratory technicians for quality assured Xpert diagnostics	2.4.5		Training report	Training report	Training report		Not met	During the quarter the CTB Diagnostic Advisor held discussions with NTP to harmonize with GF plan and determine training needs in each facility. List of personnel to be trained is available but due to other priority activities this activity has been moved to Q3
2.4.8. PEPFAR: Provide annual calibration of GeneXpert machines in the CTB priority districts	2.4.8			Procurement documentation  Calibration reports			N/A	Planned for Q3
PEPFAR: TOT on GeneXpert SOP's and maintenance	2.4.9			Training report			N/A	Planned for Q3
PEPFAR: Supply and Installation of GeneXpert machines, inverters and batteries to support ACF project in Lilongwe and Blantyre and 3 other Gene Xpert sites	2.4.10			Procurement documentation  Installation report			N/A	Planned for Q3

PEPFAR: Advanced training of 3 NTP/CTB staff on GeneXpert Technology	2.4.11			Training report			N/A	Planned for Q3
PEPFAR: GeneXpert training for Health Care workers in 15 CTB priority districts.	2.4.12			Training reports	Training reports		N/A	Planned for Q3 and Q4
Training of laboratory staff (2 labs) to use the LIMS (which still have to be developed following STTA in 10.1 on ERR)	2.5.1			i. training curriculum ii. Training report			NA	Planned for Q3 once the LIMS is installed
Ensure all diagnostics reporting and recording formats are consistent and comprehensive	2.5.2		Documentat ion review report			Document review was jointly conducted by NTP and CTB in the last week of February 2016 and the findings were that most of the facilities use new registers and request forms which are consistent and updated. However, a few number of sites use old registers and request forms. It was also noted that laboratory forms are in shortage at the facilities hence CTB will support the printing of 70,000 laboratory forms and 500 registers.	Partially met	CTB will obtain printing quotations from the suppliers. Printing takes 2-3 weeks hence this will be completed in Q3.
PEPFAR: NTRL SOPs and reporting tools workshop	2.5.3			Workshop report			N/A	Planned for Q3
Assess gaps in CDC/URC/ Other	2.6.1		i. Gaps report and			During the joint assessment (1.1.2 and	Met	Meetings with Riders for Health will be done on a



PEPFAR implementing partner's specimen transport system to ensure full coverage'			plan for coverage			<p>2.4.1), gaps were identified.</p> <p>Meetings were held with PEPFAR partners on the sputum transportation network (URC, CDC and Riders for Health) in December 2015.</p> <p>CTB/KNCV will support sputum transportation where needed.</p> <p>Gaps will continue to be identified on a quarterly basis through the National Diagnostic technical working group. Plans for coverage will continue to be made accordingly through this forum. Recommendations will be discussed with URC and Riders for Health.</p>		monthly basis to track the number of TB samples transported in each district
Conduct a detailed diagnostic chain analysis for presumptive DR-TB patients	2.6.2	Assessment report	Assessment report			This activity was initiated during the Gene Xpert assessments (activity 2.4.1) and it will be completed in Q3 with the CTB Diagnostic Advisor in coordination with NTP drafting a protocol for presumptive DR-TB patients.	Partially met	
Support sample transportation from urban CSCPs to GeneXpert sites	2.6.3	Procurement report				Quotes for procuring 50 bicycles were provided and bid analysis was done by	Partially met	

						the end of March 2016. Bicycles will be procured and delivered in April 2016. NTP will be consulted on the distribution of the bicycles.		
Include bio-safety measures into regular QMS activities	2.7.1		Quarterly report	Quarterly report	End of year report	During the supervisions that were conducted from 14 to 24 March 2016 (activity 2.2.2), the sites were also assessed on issues relating to safety.	Partially met	Following that assessment, a document review workshop has been planned for April /May 2016 and this will include developing safety SOPs and a safety manual that will be shared within the network supported by KNCV STTA
Maintenance of Biosafety cabinets	2.7.2		Report			A number of biosafety cabinets intended for high volume microscopy sites were previously procured by Global Fund. Of these 17 were distributed in 2015 but 20 were still kept centrally in Lilongwe. URC assisted with the distribution of these 20 Biosafety cabinets from 7-18 March 2016. URC provided the funds to NTP and the distribution was carried out by NTP personnel with government trucks	Partially met	CTB will install all the 37 cabinets in May 2016. Installation will be done by engineers who will also ensure that the cabinets are validated and certified before use. Quotations have been obtained and bid analysis done.  CTB will also assist with the annual service of a further 20 biosafety cabinets already installed and in use
PEPFAR: Develop and disseminate national safety manual for TB Laboratories	2.7.3				Workshop report			Planned for Q4



***Renovations underway at the National TB Reference Laboratory in March 2016***



***NTP Deputy Laboratory Manager, Felix Chanjoka (left) orienting a laboratory technician ,Jake Mavuka during GeneXpert installation at Ntchisi district in March 2016***



***From left: CTB Diagnostic Advisor Blessing Marondera, South Africa SNRL consultant Zacharia Mabena, NTRL laboratory Manager Laphiod Chisuwo, Uganda SNRL consultant Charles Manyonge and ECSA-HC consultant Dr Stephen Muleshe during an assessment at NTRL laboratory in March 2016***

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Develop framework and implement pilot interventions for addressing urban TB (clinic and communities in poor urban settings)	3.1.1	i. procurement of x-rays ii. SOPS and Protocols finalized iii. Curriculum developed	i. Framework ii. Guidance for team on training package iii. Implementation report	Implementation report	Implementation report	<p>The procurement process is underway by HQ. Advert has been placed by procuring company in March 2016 and anticipated delivery is in June 2016.</p> <p>The draft framework was developed with support from HQ, and shared with NTP. Protocols and SOPs are being developed jointly by the NTP and CTB, with participation of ACF Coordinators who were hired from March 1, 2016. All other ACF staff members have been recruited and will start work on April 1, 2016 in both Lilongwe and Blantyre.</p>	Partially met	Tendering process expected to result in delivery in June. 4 GeneXpert machines were approved, procured and delivered to support the ACF in these 2 sites
Support an MDR-TB quality of care Task Force	3.2.1	i. Task force in-place and functional (report to include mandate and tors				CTB and NTP held some discussions regarding MDR-TB because there are a number of activities in both CTB and GF budgets for MDR-TB support.	Partially met	This is being planned for Q3.

						Following the discussions, NTP developed TORs for MDR-TB task force in March 2016.		
Develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	3.2.2	Criteria established	i. Site assessment report ii. Workshop report				Not met	PMDT discussions have been held between CTB and the NTP. The NTP has drafted TORs to move PMDT activities forward. Following these discussions, NTP will advise how the sentinel surveillance activities will be conducted.
PEPFAR: Implement a standard testing of all retreatment cases for MDR-TB using GeneXpert	3.2.3	i. Protocols updated	Quarterly report	Quarterly report	Quarterly report	This activity was part of the guideline update workshop that was held from February 29 to March 2, 2016 (activity 1.1.8). The NTP indicated that all presumptive MDR-TB cases should have an Xpert test (where the platform is available).  An algorithm is in place for use of Xpert that was shared with all Zonal and District TB Officers in the review meeting held from March 4-5, 2016 (activity 1.1.4).	Met	
Support strategic updating of TB in Prisons	3.2.4		i. Workshop Report ii. SOPS completed	i. Orientation meeting report (2)		Assessments were conducted in March 2016 for four major prisons in the country	Partially met	In Q3, CTB Zonal Advisers will work with PEPFAR partners and ACF Coordinators to facilitate

			ii. Orientation meeting report (2)	ii. TI centers established (2)		(Maula, Chichiri, Zomba and Mzuzu prisons). Mzimba prison will be assessed in April 2016.		updating of Strategy and action plan (SOPS) including HRD for TB Control in prisons and referrals
PEPFAR: Support the access to quality treatment and care for TB, DR TB and TB/HIV in prisons	3.2.5		Supervision report from prisons	Supervision report from prisons	Supervision report from prisons		Not met	Supervision support for the prisons required assessment of the prisons and meeting with partners already implementing prison activities. The assessments were conducted in Q2 (activity 1.1.2) by the M&E Adviser and Zonal TB Advisers this quarter. In the next quarter, following baseline findings, CTB will provide support to the prisons including supportive supervision and will participate in the national meetings coordinated by the prison services
PEPFAR: Hold TB/HIV working group meetings and together with the HIV department, revisit IPT policy, print and disseminate.	3.2.6		Meeting report				Not met	CTB/KNCV will support TWG meeting that has been planned in April 2016
PEPFAR: Support development and implementation of roadmap for Childhood TB specific for Malawi	3.2.7	i. Report of benchmarking tool ii. draft Action plan for Child TB				The Benchmarking Tool Workshop, facilitated by KNCV Senior Technical Focal Point, Dr. Christine Whalen was held in Lilongwe from 17-18 February 2016 with 21 participants from NTP, pediatric units in	Met	



						Kamuzu Central Hospital, partners from WHO, Baylor, URC, CHAI, Dignitas, UNC, Reach Trust, UNICEF and CTB/KNCV. Next steps were agreed on as part of the tool and the NTP would present the tool at the next national Technical Working Group (TWG) in April 2016. A sub-working group was also proposed for Childhood TB that will also be discussed in the TWG meeting. The report for this workshop will be available in April 2016.		
PEPFAR: Build the capacity of PHC providers in Childhood TB	3.2.8	i. Travel report from SA training	i. SOPS finalized ii. Reporting formats updated				Not met	Following guidance from the NTP in reference to their implementation plan, this training is scheduled for Q4 2016. It is provided by Stellenbosch University in Tillburg, SA.
PEPFAR: Improve capacity of HCW to detect and refer children for diagnosis of childhood TB	3.2.9	sub - contract awarded	i. curriculum and training plan developed ii. Training report	i. training Report (s)	i. training Report (s)		Not met	CTB/KNCV will develop the subcontract with NTP in April 2016.  NTP will guide CTB on how to engage a sub-contractor in the next quarter, in view of the exercise held in February on the Childhood TB Benchmarking tool. The benchmarking tool exercise allowed the NTP

								<p>to assess how the country has approached childhood TB key focus areas and will help to guide the engagement of a sub-contractor. The tool was shared with key stakeholders to get feedback.</p> <p>Recommendations were made on some key benchmarks including the need to update guidelines and include MDR-TB management in children, update training materials and job aids, include dedicated funding to childhood OR (10-20%) and train public, private sectors and engage schools in teaching on childhood TB and establishment of a technical task force or Technical Committee</p>
Assessment of Health Facilities housing MDR TB Patients	3.2.10				Assessment report		N/A	

#### Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support the implementation in non-CHAI CTB districts of the new SOP	4.1.1		Report of desk review ii. Assessment tool finalized	i. training report	i. training report	NTP has already begun implementation of CI activities in all districts since January 2016, following	Partially met	CTB/KNCV will support the printing of the SOPs, job aids, diagnosis forms and appointments slips.

			iii. assessment report iv. SOPs developed v. Curriculum developed vi. Supervisory tools adapted			development of SOPs with CHAI.		
PEPFAR: Update Malawi specific guidelines for contact investigations, SOPs, monitoring tools in close coordination with HIV partners, community organizations	4.2.1	i. report national research meeting ii. CI guidelines, SOPs, monitoring tools updated		Guidelines updated		NTP has already begun implementation of CI activities in all districts since January 2016, following development of SOPs with CHAI.	Partially met	CTB/KNCV will support the printing of the SOPs, job aides, diagnosis forms and appointments slips.
Strengthen the capacity of the zonal officers for CI	4.2.2			i. updated curriculum ii. Workshop report			NA	Planned for Q3
Strengthen Contact Investigation (CI) in CTB focus districts	4.2.3			i. Quarterly reports (to include orientation and training ii. Plan for training HSAs in all priority districts	i. Quarterly report		NA	Planned for Q3

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
PEPFAR: Review existing TB-IC policies and guidelines, including congregate settings with a high prevalence of TB/HIV and Community.	5.1.1	Assessment report				This activity was conducted during APA1, Q4 (see annual report), the report became available in Q1 of APA2.	Met	
PEPFAR: Define national plan for IC with support from all stakeholders	5.1.2	i. Workshop report ii national implementation plan				This activity was finalized during APA1, Q4 (see annual report)	Met	
Build the capacity of IPC committees in 5 districts in TB-IC including scale up of F.A.S.T. in high risk environments	5.1.3	i. Procurement of Fit test ii. Fit test training	i. training workshop report ii. Training plan in place	i. training reports	i. training reports		Not met	Consultants Max Meis and Marleen Heus are scheduled to travel to Malawi for STTA from 18-25 April 2016 to conduct the F.A.S.T training. The procurement of fit tests will follow this TA.
Provide support for MOH staff from the Building Department and Quality Assurance Unit to participate in the Harvard training	5.1.4			Training report			NA	Planned for Q3
Engage with relevant MOH and PEPFAR partners to develop a national policy, strategy and implementation plan for HCW screening and surveillance on TB as part of a wellness strategy	5.2.1	i. meeting with stakeholders report	i. Strategy for surveillance in HCW defined and roll-out initiated (Q report)	i. Advocacy package developed		A meeting was held between CTB and the National Organization of Nurses and Midwives of Malawi (NONMM) on 12 January 2016 as part of information collection. Following that meeting, visits were conducted to 2 wellness centers in	Partially met	A draft ToR (for strategy development) for the local consultancy was developed in March 2016 and is in circulation and being reviewed.

						Lilongwe; one is complete and functional whilst the other is being constructed.		
Establish wellness centers in 5 pilot districts	5.2.2			i. Assessment report ii. Local procurement iii. Monitoring and supervision tools adjusted v. presentation and materials on risk	i. Wellness centers established in each zone ii. Staff medical officers trained, iii. Documentation provided.		NA	Planned for Q3
Contract local/regional organization to assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation	5.2.3		i. Subcontract or engaged ii. Contractor's reports	i. Training reports ii. Mentorship reports	i. Mentorship reports	TORS were developed in March 2016 and an advert has been planned for April 2016.	Partially met	The CTB Community Strengthening Adviser was hired in March 2016 and he supported the development of ToRs. Once the review process is finalized, an advert will be placed in the local newspapers.

#### Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Revise and update the LTBI policy based on evidence generated in Malawi on implementation of	6.1.1	i. LTBI workshop report				Guidelines were reviewed from 29 February – 2 March 2016. The country already has guidelines	Met	

policies and standards for management of LTBI in high risk groups such as children under 5, PLHIV and persons with diabetes.						on provision of IPT to children exposed to TB patients and also has policy on use of IPT in HIV positive individuals for six months. The NTP plans to pilot use of IPT for 36 months but the implementation timelines and sites are yet to be identified.		
Improve programmatic uptake of IPT in children less than five and PLHIV	6.1.2		i. Review and revise forms finalized ii. SOPS iii. Training materials finalized iv. Training plan in place v. revised supervisory and mentorship tools			This activity was completed as part of TB/HIV supervisors training from 14-17 March 2016. All the forms, SOPs, tools and training materials are available. CTB will support the printing of these documents.	Met	

#### Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Advocate for district funding through District council; participate in district executive committee meetings  Advocate through the parliamentary	7.2.1		i. DTO trained in regular program reviews	i. Samples of district briefings available			Not met	Following a meeting between CTB/KNCV and NTP on 7 March 2016, it was agreed that:  - NTP will organize regular interface meetings/press conference with media

committee for health, Parliamentary committee on HIV/AIDS and the planning department of MoH  Advocate for permanent positions (established positions at NTP beyond current two for the NTP central Office								houses for advocacy in TB articles in their respective institutions  -NTP Programme Manager and all supporting partners should hold presentations on TB with Parliamentary Health Committee.  As part of advocacy, CTB funded NTP by offloading key TB documents on the government website and a private media. This was a pre-requisite for the World Bank funded TB mines project to be signed by the Malawi government and the World Bank.  The presence of CTB Advisers in the zones gives them an opportunity to participate in district executive committee meetings hence a good fora to provide ongoing advocacy.
Strengthen the leadership and management core competencies aligned with END TB strategy	7.3.1	i. definition of core competencies at each level in Malawi	i. Implement survey ii. HRD plan defined				Not met	Following some discussions from 7-8 March 2016, NTP advised CTB/KNCV that they have a number of TAs planned for this year and hence they proposed that CTB/KNCV should identify an international HRD training for NTP staff members to participate in.

**Sub-objective 8. Comprehensive partnerships and informed community involvement**

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
PEPFAR: Strengthen the national platform led by NAC with participation of NTP, partners and civil society organization, faith based organizations to promote and advocate TB/HIV integration	8.1.1		Report on National Conference				Not met	Due to competing priorities of NAC and CTB country leadership, it has not been possible to have this meeting during the quarter. CTB plans to have it in Q3 with guidance from NTP.
PEPFAR: Establish and support quarterly district-level platforms to coordinate TB and TB/HIV activities supported by the zones	8.1.2	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	Quarterly report district level TB/HIV	From March 2016, CTB Zonal Advisers and NTP Zonal supervisors commenced the support of district-level coordination meetings and these will be ongoing on a quarterly basis.	Partially met	The CTB Zonal Advisers will continue the district-level coordination meetings in Q3 after the completion of the ongoing supervision visits which last for the first 2 weeks of April.
General technical support to NTP in program management and technical reporting	8.2.1			TA Report	TA Report		NA	Planned for Q3



Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Provide high quality technical support to the NTP for the development of a procurement and supply chain management (PSM) strategic plan	9.1.1	PSM specialist in - country				<p>The PSM specialist was hired in Q1 and is now integrated in the NTP activities, such as orienting PSM supervisors in conducting supportive supervision.</p> <p>NTP had submitted a procurement plan to GF during grant application. In this quarter, the plan (quantities, timeframe of procurement) was reviewed and a detailed separate plan (for pharmaceuticals, non-health products and services) was prepared. These separate plans will be used for procurement through GDF and other suppliers.</p> <p>CTB provided technical input to the Pharmaceutical Strategic Plan (PSP) which was developed by JSI team at the MOH through funding</p>	Met	

						from USAID.		
Provide capacity building plan for health facilities at all levels; from National, Zonal to District, for better pharmaceutical management. This needs to be done in collaboration with the NTP, HTSS, HIV and other relevant departments;	9.1.2		Quarterly report	Quarterly report	Quarterly report	A workshop was conducted in Liwonde from 15-17 March 2016. Altogether, 28 district pharmacy technicians were involved in identifying regional supply chain bottlenecks and ways to address them at local levels.	Partially met	A plan to conduct a peer review meeting in April 2016 has been developed.
Assist with the development of an efficient stock monitoring system, including drugs and lab supplies and look at the requirement for ancillary drugs to manage side-effects	9.1.3		Quarterly report	Quarterly report	Quarterly report		Partially met	CTB PSM Advisor participated in a PSM national TWG during the quarter. Stock-out, overstock, expiries and stock monitoring was discussed in the meeting. Moving forward, this forum is expected to redefine a stock monitoring system in the next quarter.
Assist the NTP with completing an assessment on the supply of Xpert cartridges and determine a plan for supply management.	9.1.4	Assessment report and quantification				Estimation of the required GeneXpert cartridges has been done by NTP laboratory team with support from CTB and GF. Procurement process is ongoing.  In Q3, an improved distribution plan for GeneXpert cartridges will be in place.	Partially met	
PEPFAR: Peer Pharmacy review meeting for	9.1.5			Meeting report			N/A	Planned for Q3

Central and Northern regions.								
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Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
TA for developing a detailed costed development action plan for a (web based) electronic surveillance system (STTA)	10.1.1	TA report				This activity was initiated in APA1 Q4 by consultants (see annual report) but not concluded.	Partially met	The first STTA was too short and concentrated on assessment only.  The consultants are planned to complete the work in Q3. The TOR is in place and has been approved by NTP.
Define a roadmap and action plan for implementation of ERR system	10.1.2	i. TA report ii. LTTS recruited in in place iii. Travel report from study tour		Roadmap and costed action plan workshop			Not met	The consultants are planned to complete the work in Q3. The TOR is in place and has been approved by NTP.
National consultation meeting on evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified case finding (ICF) and Active case-finding (ACF)	10.2.1	Meeting report				CTB provided funding, technical and administrative support to a National TB Research Network meeting from 11-12 February 2016. CTB/KNCV, NTP and other stakeholders participated in the planning, provision of logistical support, travel support to some participants and participated in the research meeting.	Met	

						There were over 100 participants and a report was drafted by Wellcome Trust and will be finalized in April 2016.		
Organize a workshop with NTP, local researchers and stakeholders to develop protocols for additional operational research	10.2.2	Meeting report				The workshop was combined with activity 11-12 February 2016.	Met	
Draft a first protocol for a DRS survey	10.2.3			Workshop report		STTA was provided in November 2015 and February 2016 for the finalization of the protocol by KNCV Consultant, Dr. Eveline Klinkenberg.  NTP conducted two workshops in December 2015 and March 2016 and a finalization workshop is planned for April 2016.	Met	

#### Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Update pre-service and in-service TB management training modules and assess current training status of HCWs by gender	11.1.1	1. Assessment report				This activity was partly met in the guidelines workshop (activity 1.1.8).  In Q3 CTB will provide support towards the finalization of the trainings materials.	Partially met	

District and peripheral level TB management training and mentoring/on-the-job training	11.1.2	i. curriculum developed and training plan in place	workshop report	workshop report			Not met	The NTP has been informed about the funding available to support on-the-job training and has planned to conduct trainings from April 2016, with guidance being provided by the Partnership and Coordination program officer. CTB will continue to follow up to finalize the dates for the trainings.
Training of central and zonal supervisors	11.1.3		workshop report			Central and Zonal Supervisors were trained at Linde Motel, Mponela from 14-18 March 2016. In attendance were 53 participants. The supervisors acquired knowledge and skills that will improve quality of integrated TB/HIV supportive supervision. More TB/HIV data elements for program interventions were incorporated for review to the supervision tool that is currently being used. Supervisors were trained in TB/HIV mentorship skills so that they can mentor health workers during supervisions	Met	
Organize supportive supervision to zones for mentoring zonal TBOs in	11.1.4	Quarterly report	Quarterly report	Quarterly report	Quarterly report		Not met	This activity was not conducted in this quarter because it is a follow up of

effective supervision								<p>joint TB/HIV supervision visits (activity 1.1.3).</p> <p>The Zonal TB Advisers will provide supportive supervision in April 2016, through a joint TB/HIV supervision and follow up supervision/mentorship will be planned with the Zonal TB Officers in the next quarter.</p>
Quarterly zonal monitoring meetings	11.1.5		Quarterly report	Quarterly report	Quarterly report		Not met	<p>The Zonal TB Advisers have planned for this activity, especially after participating in the joint TB/HIV supervision visits that will provide information on the gaps in TB activities that need them to hold meetings on monitoring and mentorship support, in their respective zones.</p>

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB-MoH	B1	B1	\$9.3m	\$8.2	

\* Since January 2010

#### In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

##### Key Update

- The last Progress update for period from July – Dec 2015 was submitted to Global Fund on time.
- The implementation of NFM grant started in January 2016 but there was no disbursement for new grant from Global Fund end of January 30, 2015. As a result Malawi received annual Funding decision of US\$124 million for both TB and HIV/AIDS NFM grant for implementation of 2016 activities of which US\$ 5 million was directly disbursed to MOH for implementation of quarter one 2016 programmatic activities.
- Procurement plan for Non-health product and equipment for 2016 was developed and submitted to Global Fund
- NTP placed procurement order for Pharmaceutical and other health product approved for 2016.

Global Fund grants implementation through partnership (IPT) work shop was conducted in March whereby representatives from implementing partners, stakeholders, GF Civil society Grant PRs, representative from civil society, Global Fund country team, regional team, representative from WHO Geneva were represented.

##### Current Conditions

- Fund release for all renovation works for Expansion of MDR-TB treatment centers, TB diagnostic and registration centers is subjected to Submission to Global Fund for comprehensive need assessment report
  - ✓ **Status:** NTP in collaboration with Planning and Policy Directorate is preparing the assessment tool and a team from MOH planning and infrastructure are planning to assess this starting from 4th week of April, 2016
- Fund release for Procurement of vehicles and other Non-Health equipment is also subjected to submission by PR for the detailed Technical specification to Global Fund
  - ✓ **Status:** Technical specifications for vehicles and Mobile X-ray were ready and were submitted to Global Fund early January 2016
- Fund release for procurement of pharmaceutical and other health products are subjected to submission to global fund the detail procurement schedule for all list of health products and obtaining price quotation from procurement agent.
  - ✓ **Status:** Detailed procurement schedules for all health products were prepared and submitted to Global Fund in February 2016. NTP has initiated procurement through with GDF and PPM and are currently awaiting price quotation from procurement agent.

##### Key Challenges and bottleneck

- Delay in setting up PIU at MOH
- Delays in internal process for mobilizing Fund for programmatic activities
- Delay procurement of 7 Mobile X-ray vans for active case-finding

**Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period:**

- National stock status as of 30 March was prepared by NTP with support from CTB PSM Advisor. This data was used in determining the need for quantities of procurement orders. The procurement orders were placed for 1<sup>st</sup> line drugs, 2<sup>nd</sup> line drugs, laboratory and infection control items such as UVGA lamps
- CTB PSM Advisor attended GF PSM workshop conducted in Lilongwe.
- Working on procurement of mobile X-ray vans budgeted in the GF grant



## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Touching the communities through ACF
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.1. Ensured intensified case finding for all risk groups by all care providers
<b>Brief description of story idea:</b>	CTB in coordination with NTP has recently recruited ACF teams in an effort to diagnose half of the patients who are usually missed. The implementation of ACF teams in urban communities is expected to increase the number of cases hence contributing to the NSP targets.
<b>Status update:</b>	

## 5. Quarterly reporting on key mandatory indicators

National TB Control Program (NTP) conducts regular quarterly supervisory visits which are used as a platform to collect facility level data. The supervisory visits are always scheduled to start a week after the quarter ends and they last for two to three weeks. In view of this, data for the quarterly reporting are unavailable at the time that this report is being compiled as teams are still out in the field. Therefore, with guidance from HQ, data on the indicators will be reported a quarter late, e.g. During the Jan-Mar 2016 quarterly reporting, indicators for Oct-Dec will be reported upon.

Please note that CTB conducted its baseline assessment in Q2 and indicator targets will be set in Q3.

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	26	15	NTP is facing some challenges in collecting MDR-TB data and efforts are being made to revise the current data collection tools in order to capture MDR cases. Additionally, efforts are being made to address the knowledge gap of TB Officers in MDR TB.
Total 2012	27	19	
Total 2013	28	19	
Total 2014	19	17	
Total 2015	16*	59	
Jan-Mar 2016			*Please note that the 16 cases are for Oct-Dec quarter. Data for the other quarters is still being verified and the official figure from NTP will be provided in the next quarterly report. The 59 on second line are for Jan-Dec 2015.
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.2 Number of pre-/XDR-TB cases started on Bedaquiline (BDQ) or Delamanid (DLM)(national data)**

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			The regimens BDQ and DLM are not provided in Malawi, hence this data is not available.
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

**Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						Jan-Mar 2016 data will be available in the next quarterly reporting.
	Balaka	102					
	Blantyre	787					
	Chikwawa	185					
	Karonga	61					
	Kasungu	47					
	Lilongwe	903					
	Machinga	88					
	Mangochi	201					
	Mulanje	123					
	Mwanza	70					
	Mzimba	228					
	Nsanje	110					
	Phalombe	55					
	Salima	83					
	Zomba	189					
	TB cases (all forms) notified for all CTB areas	3,232					
	All TB cases (all forms) notified nationwide (denominator)	3,912					
	% of national cases notified in CTB geographic areas	83%					
Intervention (setting/population/approach)							Jan-Mar 2016 data will be available in the next quarterly reporting.
Intensified case finding (ICF) (e.g. health facility-based case finding)	CTB geographic focus for this intervention	CTB targeted 15 districts					
	TB cases (all forms) notified from this intervention	3,232					
	All TB cases notified in this CTB area (denominator)	3,232					
	% of cases notified from this intervention	100%					

Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	CTB targeted 15 districts					
	TB cases (all forms) notified from this intervention	581					
	All TB cases notified in this CTB area (denominator)	3232					
	% of cases notified from this intervention	18%					
Reported by prisons	CTB geographic focus for this intervention	CTB targeted 15 districts (All the 5 major prisons in Malawi are in the CTB districts. Prisons are Chichiri, Maula, Mzuzu, Mzimba, Zomba Central)					
	TB cases (all forms) notified from this intervention	22					
	All TB cases notified in this CTB area (denominator)	2107					
	% of cases notified from this intervention	1%					

## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1		Kelly Schut, Christine Whalen, Jan Willem Dogger	X				-To start up the CTB project in Malawi through team building sessions with the newly recruited Malawi country team -To orient the Malawi team on the workplan	Complete	8-11 December 2015	4 days	
2		Eveline Klinkenberg	X				To support the Malawi NTP to develop the protocol for Malawi's 2 <sup>nd</sup> drug resistance survey (DRS) and ensure it is in accordance with the new WHO DRS guidelines of July 2015.  Discuss planning and preparation of a National Research Stakeholder workshop organized with NTP, local researchers and other key stakeholders to update the national TB Operational Research agenda and develop an implementation plan	Complete	1-7 November 2015	7 days	

							for studies that are top priorities.				
3		Valentina Anisimova & Anton Bussink	X				To undertake a comprehensive assessment of TB laboratory services and systems and provide recommendations to improve/expand to support timely quality assured diagnosis and follow-up of TB and DR patients	Complete	17 October to 1st November 2015	16 days	
4		Netty Kamp		X			To conduct a desk-review and create a database of existing tools to enhance patient centered approach	Pending			The PCA activities have been moved to APA3 but the consultant may provide distant review of the PCA activities in Q3 or Q4. Discussions are still underway regarding PCA.
5		Eveline Klinkenberg		X			To develop and implement sentinel surveillance of MDR-TB in new smear positive patients in ten sites	Pending			
6		Eveline Klinkenberg			X		To conduct assessment of the Community Sputum Smear collection strategic approach	Complete	Feb 9 -19, 2016	11 days	
7		External consultant			X		To develop framework and implement pilot interventions for addressing urban TB (clinic and communities in poor urban settings)	Complete	Feb 9 -19, 2016	11 days	

8		Nunurai Ruswa					To develop a strategy and an implementation plan on ascertaining and improving MDR-TB quality of care; SOPs; procedures for reliable surveillance, supervision and quarterly cohort analysis	Pending			
9		Marleen Heus		X			To strengthen the leadership and management core competencies aligned with END TB strategy	Cancelled			The NTP has many STTAs planned for this year and they advised that this one should be cancelled. Instead, they proposed an international leadership training for Q4.
10		Max Meis and Marleen Heus			X		To build the capacity of IPC committees in 5 districts in TB-IC (including scale up of F.A.S.T. in high risk environments )	Pending			Planned for Q3
11		Petra De Haas				X	To provide STTA to the design of the third reference laboratory	Pending			Planned for Q4
12		Local/regional organization			X		To assist the NTP in raising the level of awareness of TB among HCW and improved diagnosis and rapid treatment initiation	Pending			Draft ToRs have been developed for the Wellness Centres support and are being reviewed by HQ.
13		External Consultant			X		To provide general technical support to NTP in program management and technical reporting	Pending			Planned for Q3
14		Eveline Klinkenberg		X			To conduct national consultation meeting on	Completed	February 11-12 2016	2 days	

							evidence and strategies to increase case-detection through: Contact investigation (CI), Intensified (ICF) and Active case-finding (ACF)				
15		Christine Whalen	X	X	X	X	To conduct desk reviews of quarterly reports, distant mentoring and advising, in-country monitoring visit	Complete and ongoing			
16		Job Van Rest			X		To define a roadmap and action plan for implementation of ERR system	Pending			Planned for Q3 ( May )
Total number of visits conducted (cumulative for fiscal year)								7			
Total number of visits planned in approved work plan								16			
Percent of planned international consultant visits conducted								44%			



## 7. Quarterly Indicator Reporting

**National TB Control Program (NTP) conducts regular quarterly supervisory visits which are used as a platform to collect facility level data. The supervisory visits are always scheduled to start a week after the quarter ends and they last for two to three weeks. In view of this, data for the quarterly reporting are unavailable at the time that this report is being compiled as teams are still out in the field. Therefore, with guidance from HQ, data on the indicators will be reported a quarter late, e.g. During the Jan-Mar 2016 quarterly reporting, indicators for Oct-Dec will be reported upon.**

**Please note that CTB conducted its baseline assessment in Q2 and indicator targets will be set in Q3.**

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	CTB geographical areas, gender and age	Quarterly	CTB Target areas: baseline will be established in APA2 Q2	Target will be set after baseline established	18% notified by non-NTP providers in CTB districts  (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
1.1.2. % of case-reporting private providers that also provide treatment outcomes for TB patients	CTB geographical areas, gender and age	Quarterly	CTB Target areas: baseline will be established in APA2 Q2	Target will be set after baseline established	100%  (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
1.2.2. % of (population) with correct knowledge and positive attitudes towards people affected by TB	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in Q3	Target will be set after baseline established	Measured annually	
1.3.1. Patient delay	CTB geographical areas	Annually	Baseline to be provided after conducting the Health Seeking Behavior Study (see activity 1.3.1) in Q3	Target will be set after baseline established	Measured annually	
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	CTB areas. HFs included in integrated HIV/TB supervision	quarterly	The baseline will be Established in APA2 Q2	Target will be set after baseline established	Not available	This data is not collected in the current NTP HIV/Tb supervision tool. CTB will liaise with NTP on this indicator.
Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	CTB Geographic Areas and by the type of laboratory	Annually	0	1	Measured annually	
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	CTB Geographic Areas	Quarterly	Baseline will be established in APA2 Q3	Target will be set after baseline and desk review	91% (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
2.2.4. #/% of laboratories showing adequate performance in external quality assurance for DST	National and subnational	Annually	1 (Lilongwe)	1 (Lilongwe)	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National and subnational	Annually	50% (1/2) (2014)	50%	Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met	National and CTB Geographic Areas	Annually	Baseline will be established in Y2 Q3	Target will be set after baseline is established	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	National and CTB Geographic Areas	Every 6 months	National data 2013: 1. New patients: 1% 2. Retreatment patients: 20%	Target will be set after baseline is established (q3)	Not available	This data is currently not being collected in the NTP data collection tools. CTB will liaise with NTP on this indicator.
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	National, district, priority populations	Annually	Baseline will be established in Q2	Target will be set after baseline for CTB districts is established (q2)	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.4.6. #/% of new TB cases diagnosed using GeneXpert	National, district, priority populations	quarterly	Baseline will be established in Q2 for CTB districts	Target will be set after baseline for CTB districts is established (q2)	5% (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
2.5.1. Status of national LIMS	National, district	Annually	1	1	Measured annually	
2.6.4. # of specimens transported for TB diagnostic services	National, district	Quarterly	Baseline will be established in Q2 for CTB districts	Target will be set after baseline for CTB districts is established (q2)	Not available	This data is not being collected by NTP. CTB will liaise with Riders for Health, a partner responsible for sputum sample transportation so that they are able to share them this information.
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST and Xpert)	National, district, type of laboratory	Annually	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	2 National Reference Labs: are applying national biosafety standards and 30 Xpert Platforms in CTB districts	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	CTB areas, age, gender, public and private	Quarterly	National data 2013  All forms n=19,359	CTB targets will be set after baseline have been established (q2)	3,232 notified cases (1,953 males, 1,279 females; 302 children, 2,930 adults; 22 from prisons; 3232 ICF)	Cases being notified are from ICF. CTB in collaboration with NTP will implement an ACF program in April 2016.
3.1.4. Number of MDR-TB cases detected	New case or retreatment, age and gender	Quarterly	In 2013, 23 RR/MDR-TB positive patients were diagnosed	CTB area baseline TBD	16 cases (Jan-Dec 2015)	
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National	Quarterly	National (2014): 11%	12%	9% of cases diagnosed among children (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.11. #/% of prisons conducting screening for TB with chest X-ray	Prison	Quarterly	Baseline will be set in Q2	CTB area baseline TBD	0	All the prisons do not have X-ray machines.
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	CTB areas by age, gender, prisons, private, urban	Annually	Treatment success of new and relapse 82% (2012 cohort)	CTB targets will be set after baseline has been established	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment	CTB areas	Quarterly	NTP 2013 11/23	CTB targets will be set after baseline has been established	59 initiating second line (Jan-Dec 2015)	
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB areas and by Gender	Annually	69% success rate (Cohort 2011)	CTB targets will be set after baseline has been established	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB areas by age, gender, prisons, private, urban	Quarterly	Baselines established by end of Q2	CTB targets will be set after baseline has been established	96% (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB areas by age, gender, prisons, private, urban	Quarterly	Baselines established by end of Q2	CTB targets will be set after baseline has been established	93% (Oct-Dec 2015)	Jan-Mar 2016 data will be reported in the next quarter
TB Treatment Outcomes among registered new and relapsed TB cases who are HIV positive	CTB areas by age, gender, prisons, private, urban	Annually	Baselines established by end of Q2	CTB targets will be set after baseline has been established	Measured annually	

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-	CTB geographical area, gender, age	quarterly	CTB geographic areas: set after baseline for CTB districts in Q2	CTB targets will be set after baseline has been established	330 (Oct-Dec 2015)	Data on the denominator is not being collected on NTP data collection forms. CTB will liaise with NTP on this.

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
confirmed TB cases that are screened for TB						
4.2.3. % of confirmed TB patients by case finding approach (CI, ACF, ICF), by key population and location (ex, slum dwellers, prisoners) (Service cascade)	Please refer to 3.1.1	Quarterly	Please refer to 3.1.1	Please refer to 3.1.1	3,232 notified cases (1,953 males, 1,279 females; 302 children, 2,930 adults; 22 from prisons; 3,232 ICF)  (Oct-Dec 2015)	Cases being notified are from ICF. CTB in collaboration with NTP will implement an ACF program in April 2016.

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	Type of facility	Annually	Baseline for CTB areas will be set in Q2	CTB targets will be set after baseline has been established	Measured annually	
5.2.1. Status of TB disease monitoring among HCWs	National	Annually	0	0 (policy endorsement and implementation planned for Y3)	Measured annually	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB Areas	Annually	N/A	CTB area baseline TBD	Measured annually	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT	<5 children	Quarterly	2,770 children started on IPT in 2014	CTB area baseline TBD	401 children received IPT  (Oct-Dec 2015)	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific	National level	Annually	Baseline for CTB areas will be set in Q2	Not applicable	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
activity						
7.3.1. NTP leadership and management competency score (TBD)	Administrative level; gender;	Annually	Baseline for CTB areas will be set in Q3	CTB target will be set after baseline has been established	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National level	annually	0 (2014)	N/A	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	National level	annually	N/A	Establish baseline	Measured annually	
8.2.1. Global Fund grant rating	National level	annually	B1/2 (2014)	N/A	Measured annually	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	CTB Geographic Area	Quarterly	Data not routinely collected (2014)	CTB area baseline TBD	There were no stock outs of anti-TB drugs during the quarter  Q1 and Q2	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	National	Annually	1	1	Measured annually	STTA for this activity is planned for Q3
10.2.1. Standards and benchmarks to certify	CTB Areas	Annually	No	No (the assessment will be done in Y3)	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
surveillance systems and vital registration for direct measurement of TB burden have been implemented						
10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years	Gender, age, history of retreatment	Annually	Last DRS completed in 2011	National: TBD	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	National	Annually	N/A	TBD	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	National	Annually	N/A	N/A	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.1. Status of system for supportive supervision	CTB geographical areas	Annually	1	2	Measured annually	
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	Central level, zonal level, district level	Annually	Central: 0/2, Zonal: 4/20, District: 0/12	CTB Target: Central: 2/2. Zonal 20/20; District: 180/180	Measured annually	
11.1.3. # of healthcare workers trained, by gender and technical area	Central level, zonal level, district level	Annually	National: data not available	TBD	Measured annually	
11.1.5. % of USAID TB funding directed to local partners	Central level, zonal level, district level	Annually	N/A	TBD	Measured annually	

